

## Chronic Hepatitis Infection, 2003 Surveillance Report

From 1998 through 2003, there were 40,427 cases of chronic Hepatitis C infection reported in Arizona. Chronic Hepatitis is defined as a case that is laboratory confirmed and does not meet the case definition for acute Hepatitis C.

Of the 40,427 reported cases 41.37% were confirmed by recombinant immunoblot assay (RIBA) or polymerase chain reaction (PCR). Based on the Center for Disease Control (CDC) estimates for the nation, there are an estimated 92,000 individuals with Hepatitis C infection in Arizona. Thus, excluding unconfirmed cases, Arizona has identified approximately 18% of the estimated cases within the state.

During 2003, there were 9,516 newly reported chronic cases of hepatitis C virus infection, of which 37% were confirmed. Geographically, Graham County had the highest reporting rate of 637 cases reported per 100,000 population. This was 1.7 times the next highest rate in Pinal County of 365 cases reported per 100,000 or 3.8 times the state rate of 169 cases per 100,000 population. See Figure 1.

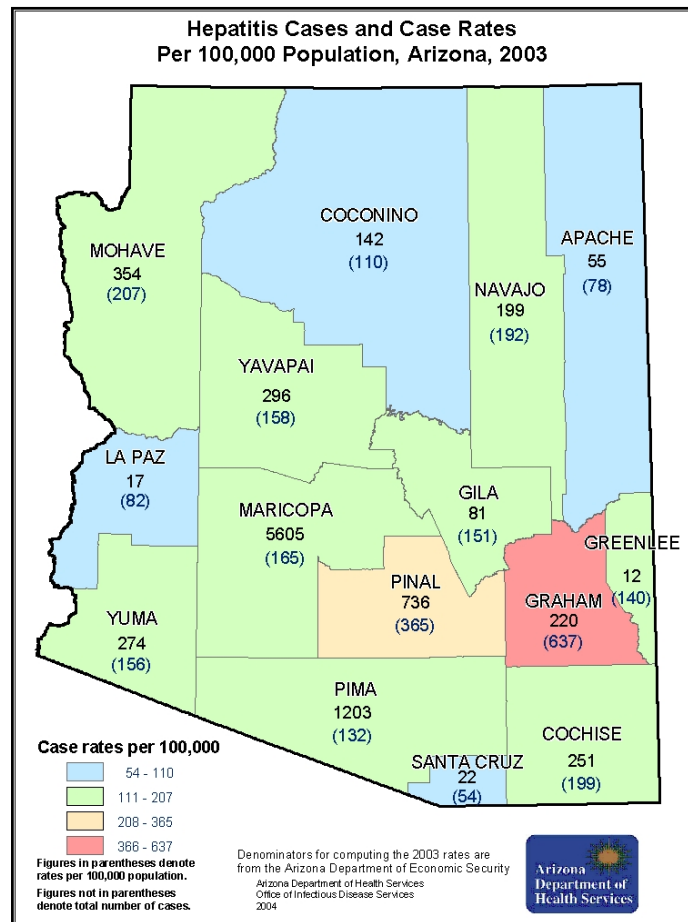
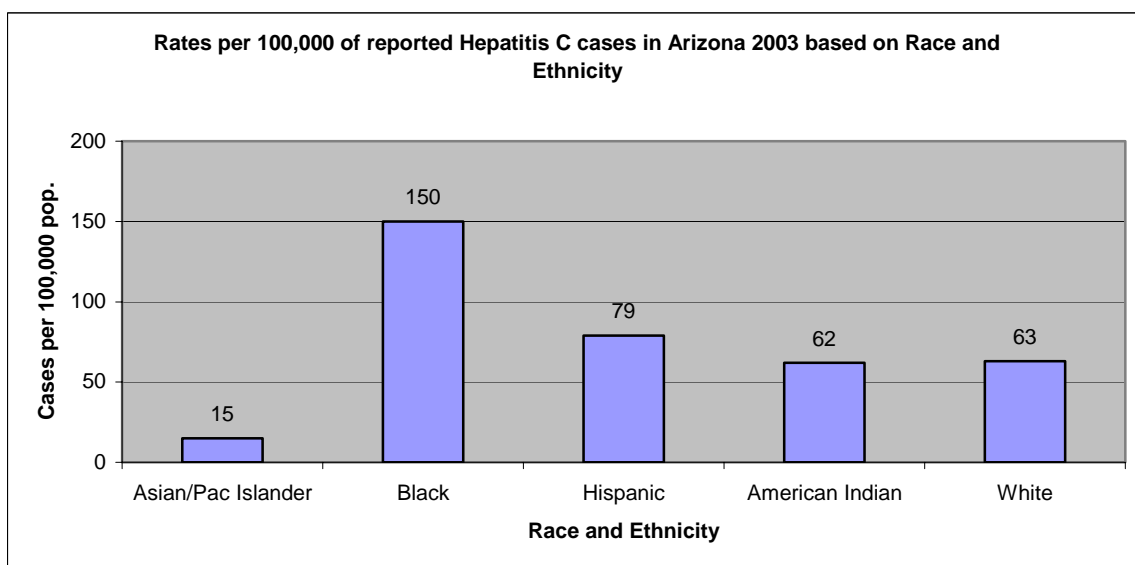
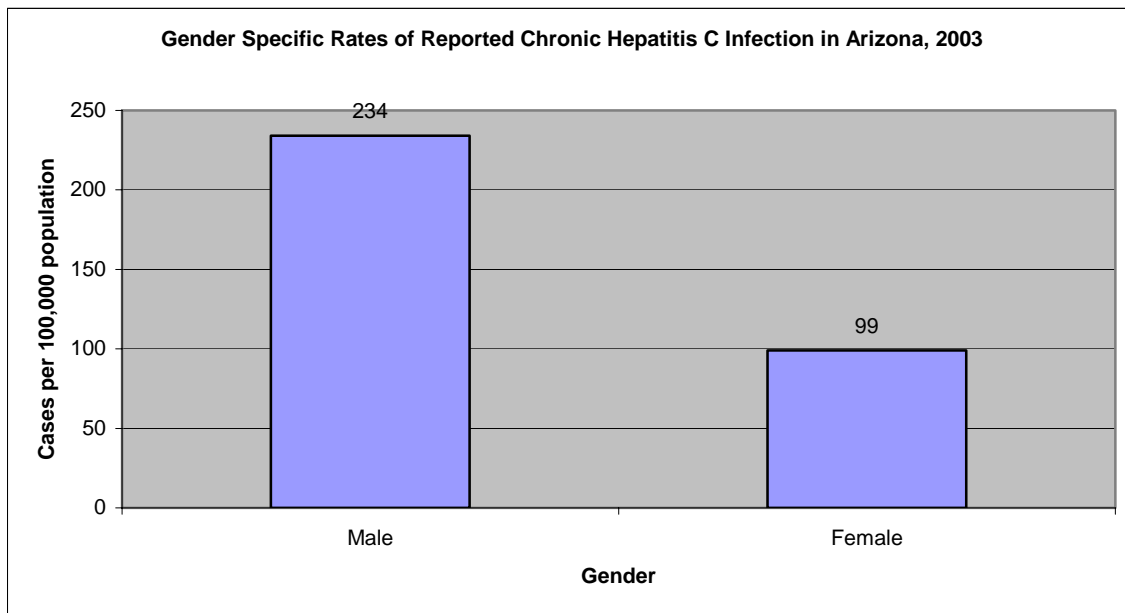
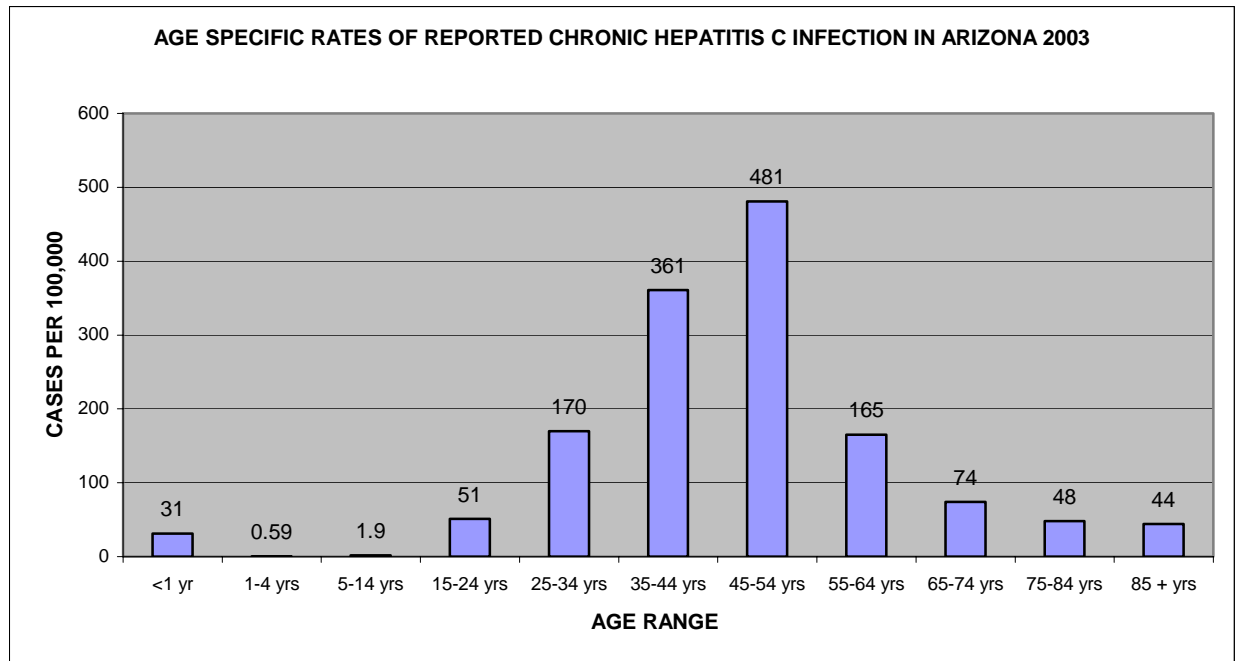


Figure 1

Of the cases reported for the year 2003, 69.09% were males while 29.41% were female. The remaining cases (1.5% of those reported) were of unknown gender. By age group, those aged 45 to 54 was the largest, comprising 35.09% of the cases reported. The next highest was the 35 to 44 group with 32.25% of the cases reported.

For racial ethnic factors 41% of the cases reported indicated their ethnicity, 23.98% of the cases reported were white, 11.84% were Hispanic, Native Americans were 1.91% of the total for the year. African-Americans were 2.93% of the total. Asians had the lowest amount reported with 19/100 of a percent of the total. All of these figures are based on SAS calculations. Rates based on gender, age, and ethnicity are indicated below.





## Prevention and Control

Because there is no vaccine or curative treatment for this disease, prevention and control are most effectively based upon two methods.

- (1) Testing and risk reduction counseling for individuals at high risk.
- (2) Early identification and counseling of infected individuals regarding transmission prevention and mitigation of further liver disease.

Providers should consider testing any patient who

- has a history of intravenous drug use, even only once;
- received blood or blood products or had a solid organ transplant prior to 1992;
- received clotting factor prior to 1987; or has been on chronic kidney dialysis;

To prevent further liver disease; those with Hepatitis C infection should:

- abstain from alcohol;
- receive immunization against Hepatitis A and Hepatitis B;
- find a physician who can provide care and services for Hepatitis C.